FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90072 001 ***150.00

DOCUMENT # 600757

1. Corporation Name

JACKSONVILLE FAMILY PRACTICE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1731 UNIVERSITY BLVD S JACKSONVILLE FL 32216 US	1731 UNIVERSITY BLVD S JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed **12/31/1968**		
4. FEI Number **59-1227172**		Applied For / Not Applicable

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip	Country 25	Zip 29	Country 30

5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SELANDER, GUY T 1731 UNIVERSITY BLVD S JACKSONVILLE FL 32216	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE NAME **SELANDER, GUY T** STREET ADDRESS **1731 UNIVERSITY BLVD S** CITY-ST-ZIP **JACKSONVILLE FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** ☐ DELETE NAME **GIDDINGS, JACK E.** STREET ADDRESS **1731 UNIVERSITY BLVD S** CITY-ST-ZIP **JACKSONVILLE FL**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **SD** ☐ DELETE NAME **MEADE, ROBERT L** STREET ADDRESS **1731 UNIVERSITY BLVD S** CITY-ST-ZIP **JACKSONVILLE FL**		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** ☐ DELETE NAME **MICHELSEN, THOMAS A** STREET ADDRESS **1731 UNIVERSITY BLVD S** CITY-ST-ZIP **JACKSONVILLE FL**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** ☐ DELETE NAME **GREEN, HOWARD** STREET ADDRESS **1731 UNIVERSITY BLVD S** CITY-ST-ZIP **JACKSONVILLE FL**		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Guy T. Selander, M.D._ 4/27/99 904-725-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #